



## 2023-2024 OASFAA Membership Application

Type of Membership:	
Institutional Membership <input type="checkbox"/>	Associate Membership <input type="checkbox"/>

Organization Information	
<i>Institution:</i> _____	
<i>Address:</i> _____	
<i>City:</i> _____	<i>State:</i> _____ <i>Zip:</i> _____
<i>Phone:</i> _____	<i>Fax:</i> _____

First year member:	(Membership fee waived for the first year)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Payment of \$225.00 enclosed:		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	(sent separately)
Is a receipt necessary?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Voting Representative	
<i>Name:</i> _____	
<i>Title:</i> _____	
<i>Phone:</i> _____	<i>Email:</i> _____

**\*\*See 2nd page to include Active Members' information\*\***  
Please make sure the 2nd page is complete so we can update our membership list

Submit application and payment to OASFAA Treasurer:  
**Ashley Hernandez Torres**  
Meridian Technology Center  
1312 South Sangre Road  
Stillwater, OK. 74074

## Active Members

Name:	
Title:	
Phone:	Email:

Name:	
Title:	
Phone:	Email:

Name:	
Title:	
Phone:	Email:

Name:	
Title:	
Phone:	Email:

Name:	
Title:	
Phone:	Email:

Name:	
Title:	
Phone:	Email:

Name:	
Title:	
Phone:	Email:

\*\*If additional lines are needed for Active Members,  
please create additional pages as needed\*\*